

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 91684554		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		2					60				
11		2					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18	1						68				
19	1						69				
20		1					70				
21		1					71				
22	1						72				
23		3					73				
24		1					74				
25	1						75				
26	1						76				
27		1					77				
28		2					78				
29		2					79				
30		2					80				
31		2					81				
32		2					82				
33		2					83				
34		2					84				
35		2					85				
36		2					86				
37		2					87				
38		2					88				
39		2					89				
40		2					90				
41		2					91				
42		2					92				
43		2					93				
44	1						94				
45	1						95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	57						TOTAL DEP.				
TOTAL CLAIMS	65						TOTAL CLAIMS				

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